

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/869401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	1		1			
6						
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	3		1			
13	0		1			
14	0		1			
15	1		1			
16	1		1			
17	0		1			
18						
19	0		1			
20	0		1			
21	1		1			
22	1		1			
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25	1		1			
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50						
TOTAL IND.			4			
TOTAL DEP.			22			
TOTAL CLAIMS			26			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS